PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE								
DECLARAT	TION FOR	Attorney Docket No.:	BE60144					
UTILITY O	R DESIGN	First Named Inventor:	RÖDER et al.					
PATENT APPLICATION COMPLETE IF KNOWN								
(37 CFR	R 1.63)	Application Number:						
[X] Declaration	Declaration	Filing Date:						
Submitted OR With initial	Submitted after Initial Filing	Art Unit:						
Filing	(Surcharge (27 CFR 1.16(e)) required	Examiner Name:						
As the below named inventor, I hereby declare that:								
My residence, mailing addr	ess, and citizenship are sta	ted below next to my name.						
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MIXED CATALYTIC COMPOSITION (Title of the Invention)								
the specification of which [X] is attached hereto, OR [] was filed on (MM/DD/Y [] as United States Application Number or PCT International Application No. [] And was amended on [] (if applicable). I hereby state that I have reviewed and understood the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor=s or plant breeder=s rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor=s or plant breeder=s rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? YES NO				
102 56 084.6 PCT/EP03/13222	Germany PCT	November 29, 2002 November 25, 2003	[] [] []	[] [X] [] [] [] []				
[] Additional foreign	application numbers are lis	sted on a supplemental priority	data sheet PTO/SB/02B att	ached hereto:				

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DECLARATION - Utility	or D	esig	n Patent Ap	plication			
Direct all correspondence to: [] Customer Number or Bar Code I] or [X] Correspondence address below						
Name: MICHAEL P. DILWORTH							
Address: CROMPTON CORPORATION							
City: BENSON ROAD, MIDDLEBURY,		State: C	ONNECTICUT	Zip: 06749			
Country: United States of America		Telepho	ne: 203-573-3313	Fax: 203-573-2261			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	[]	A petition	n has been filed for thi	s unsigned inventor			
Given Name (first and middle [if any]) Jens		Family Name or Surname RÖDER					
Inventor=s Signature: (m 5 Rō W	-/		Date: O	212112005			
Street: Schloßstrasse 37			Country: GERMANY	Citizenship: GERMAN			
Mailing Address:							
City: Frankfurt/Main DEY		State	Zip 60486				
NAME OF SECOND INVENTOR:	[]	A petition	n has been filed for thi	s unsigned inventor			
Given Name (first and middle [if any]) Andrea				Family Name or Surname KAPRIES			
Inventor=s Signature: Andrea Plapnies			Date: OQ	121/2005			
Street: Schüttwall 33			Country: GERMANY	Citizenship: GERMAN			
Mailing Address:							
City: Herbern DEV		State	Zip 59387				
NAME OF THIRD INVENTOR: [] A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Thorsten			i i	Family Name or Surname NORDHORN			
Inventor=s Signature: Th. Month			Date: 02	121/2005			
Street: Ginsterweg 7			Country: GERMANY	Citizenship: GERMAN			
Mailing Address:							
City: Kamen) 67/		State	Zip 59174				
[] Additional inventors are being named on the supplemental	l Addition:	al Invent	or(s) sheet(s) PTO/SB	/02A attached hereto			

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Direct all con	respondence to: [] Customer Number or Bar Code Lal	bel [] or [X] Con	espondence address below		
Name: MICHAEL P. DILWORTH							
Address:	CROMPTON CORPORATION						
City:	BENSON ROAD, MIDDLEBURY,	Sta	te: C	CONNECTICUT	Zip: 06749		
Country:	United States of America	one: 203-573-3313	Fax: 203-573-2261				
be true; and fi	are that all statements made herein of my own knowledge are urther that these statements were made with the knowledge t, or both, under 18 U.S.C. 1001 and that such wilful false st	that wilful	false	statements and the l	ike so made are punishable by		
NAME OF F	OURTH INVENTOR:	[]Ap	etitio	n has been filed for t	his unsigned inventor		
Given Name (first and mid	dle [if any]) Johannes				Family Name or Surname CANISIUS		
Inventor=s Si	gnature:	_		Date:	021211200		
Street: Am	Hain 24			Country: GERMANY	Citizenship: GERMAN		
Mailing Addr	ess:						
City: Boch	im DEY	St	ate	Zip 44787			
NAME OF F	FIFTH INVENTOR:	[]Ap	etitio	n has been filed for t	his unsigned inventor		
Given Name (first and mid	dle [if any])				Family Name or Surname		
Inventor=s Si	gnature:			Date:			
Street:				Country: GERMANY	Citizenship: GERMAN		
Mailing Addr	ess:						
City:		Sta	ate	Zip			
NAME OF S	IXTH INVENTOR:	[]Ap	etitio	n has been filed for t	his unsigned inventor		
Given Name (first and mid		Family Name or Surname					
Inventor=s Si	gnature:			Date:			
Street:				Country: GERMANY	Citizenship: GERMAN		
Mailing Addr	ess:						
City:			ate	Zip			

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		Application Number						
POWER	OF	Filing Date:						
ATTORNE	Y OR	First Named Inventor:		RÖDER et al.				
AUTHORIZ		Title:			Stabilizer System Containing Poly	m for Stabilizing Halogen- omers		
OF AGE	INT	Group Art Unit:	_					
OI HOL	Examiner Name:							
		Attorney Docket Number	er:	***	BE60144			
I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below:								
	NAME				REGISTRATIO	ON NUMBER		
Michael P. Dilwo	orth			_3.7, 311				
Daniel Reitenbac	h	41.4.44		30,970				
Kenneth D. Trem	ain			20,518				
As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] Place Customer Number Bar Code Label here] OR								
[X] Firm or Individual Name:	CROMPTON CORPORATION							
Address:	Benson Ro	ad						
Address:	Middlebur	oury State CT Zip: 06749						
Country:	United Sta	tes of America						
Telephone:	203-573-33	313	Fax	κ:	203-573-22	261		
I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name:	Johan	nnes Canisius	//		/ 、			
Signature:		1.1	1	(9)				
Date:	02121/2005							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. [X]* Total of four (4) forms are submitted.								
A Total of four (4) forms are submitted.								

		1 2 10 11 21 21					
		Application Number					
POWER (OF	Filing Date:					
ATTORNEY	'OR	First Named Inventor:		RÖDE			
AUTHORIZA		Title:		Stabilizer System for Stabilizing Halog Containing Polymers			
OF AGEN	NT	Group Art Unit:					
		Examiner Name:					
		Attorney Docket Number	•	BE60144	,		
I hereby appoint: [] Practitioners at Custo OR [X] Practitioner(s) names		[] → [Place Custon	er Number				
	NAME				ATION NUMBER		
Michael P. Dilwort	h	 	37,3				
Daniel Reitenbach			30,97				
Kenneth D. Tremai	n		20,5	18			
OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or CROMPTON CORPORATION							
Individual Name: Address:	Benson Ro	nd.					
	Middlebury		State	СТ	7in: 06740		
		tes of America	State	101	Zip: 06749		
			Fox	202 573	2 2261		
Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name: Jens Röder							
Signature:	Jensi	Tons Koder					
Date:	102/	121/2005 J					
NOTE: Signatures of all the i	inventors or ass one signature is	ignees of record of the entire in required, see below*.	terest or thei	r representative	(s) are required. Submit		
X Total of four (4) fo	[X]* Total of four (4) forms are submitted.						

-		Application Number						
POWER OF	-	Filing Date:		-				
	. n	First Named Inventor:		RÖDER et al.				
ATTORNEY OF AUTHORIZATION	- 1	Title:		Stabilizer System for Stabilizing Halogen-				
		Group Art Unit:		Containing 1	Polymers			
OF AGENT	}	Examiner Name:						
	ŀ		BE60144					
I hereby appoint:		Attorney Docket Number:		DEGG144				
[] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below:								
	NAME		L	REGISTRA	TION NUMBER			
Michael P. Dilworth			37,31	1				
Daniel Reitenbach			30,97	30,970				
Kenneth D. Tremain			20,51	8				
and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR								
[X] Firm or CRO Individual Name:	MIP I O	ON CORPORATION						
	son Roa							
	dlebury		ate	СТ	Zip: 06749			
		es of America						
Telephone: 203-	573-33	13 Fa	ıx:	203-573	-2261			
I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record								
Name:	Andro	Nanries						
Signature:	Anure h. /	Andrea Kapries hidrea Usanies						
Date:	MANGA							
NOTE: Signatures of all the invente multiple forms if more than one sig	gnature is r	equired, see below*.	rest or their	representative(s) are required. Submit			

A. . . .

Application Number Filing Date: **POWER OF** First Named Inventor: RÖDER et al. ATTORNEY OR Stabilizer System for Stabilizing Halogen-Title: **AUTHORIZATION** Containing Polymers Group Art Unit: **OF AGENT** Examiner Name: BE60144 Attorney Docket Number: I hereby appoint: [] Practitioners at Customer Number [____] → [Place Customer Number Bar Code Label here [____] [X] Practitioner(s) named below: REGISTRATION NUMBER NAME 37,311 Michael P. Dilworth 30,970 Daniel Reitenbach 20,518 Kenneth D. Tremain As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [____] → [Place Customer Number Bar Code Label here] CROMPTON CORPORATION [X] Firm or Individual Name: Benson Road Address: Address: Middlebury CT Zip: 06749 State United States of America Country: 203-573-3313 203-573-2261 Telephone: Fax: I am the: [X] Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Thorsten Nordhorn Signature: The Mordon Date: 0212112005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. [X]* Total of four (4) forms are submitted.

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